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ABSTRACT

The growth of family day care is assessed from a personal viewpoint. Observations on trends since the United Nations Declaration of the Rights of the Child and the International Year of the Child are offered. A review of historical, moral, and legal perspectives on children's rights covers views on childhood during the middle ages and into the nineteenth century. The needs of young children in a family day care setting are identified: these include needs for treatment as an individual, enhancement of overall development, and the ability to develop in a flexible and comprehensive manner. Examples from the literature regarding the provider's role, indoor space arrangement, availability of structured activities, adult/child ratio, caregiver characteristics, and characteristics of the profession are cited. Preliminary findings from a 1989 Family Day Care Survey indicate that a high degree of responsiility and professionalism exists among caregivers. Contains 10 references. (LB)

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THE LINK BETWEEN PROFESSIONAL CAREGIVING AND CHILDRENS RIGHTS IN THE FAMILY DAY CARE PROGRAM

Margaret Clyde

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Victorian Family Day Care Association

Annual Conference

Myrtleford

March 16, 1990.

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I am very pleased to have the opportunity to speak at your Conference tonight for several reasons; firstly, you have chosen a delightful venue for a conference, and secondly, and more importantly, it provides me with an opportunity to reacquaint myself with the Family Day Care field, a field which had its beginnings in Australia in the 1970's and which has grown in numbers of programs and clients at a spectacular rate since that time. My third reason for accepting an invitation to speak tonight is probably the most important, and that is to try to redress the impression I believe I left with participants at the first Family Day Care National Conference which was held at Wagga Wagga, New South Wales, in February 1978. At that time I said:

> "In the 1970's Family Day Care has developed in Australia, as in other overseas countries, into a viable if not wholly acceptable alternative to residential centres as a form of child care. The pros and cons of assimilating children into small family like groups in charge of loving but untrained adults as opposed to children placed in large, potentially impersonal groups run by a bevy of trained personnel have been debated for some time ..."
>
> (Clyde: 1978,1)

This somewhat insensitive introduction to my paper was followed by the usual "positives" for family day care; it is low capital intensive in that no buildings and little infrastructure is required; it is low "professional intensive" in that family day care is low on training, salary and staff travel costs; it is

flexible in that the service can be offered twenty-four hours a day, seven days a week if needed to suit individual families, it is low cost in terms of equipment and last but not least, family day care has high community acceptability in that it offers the very young child, in particular, the opportunity to be in a home-like atmosphere, rather than in an institutional-like situation such as centre-based care. Another dubious "plus" I have heard expressed for family day care is that it is good because it does not take over the role of the child health nurse or the kindergarten teacher! This last remark could be seen as amusing, had it not been suggested by a Family Day Care Co-ordinator at a Conference in Adelaide in 1988.

The point I am endeavouring to make is that many pompous and patronising statements have been made by many people - including myself - about Family Day Care and it is time to look at Family Day Care as a service which is offered by persons who perceive of themselves as professionals undertaking a professional role in the contemporary community in response to changing community needs. One of the more common definitions of family day care is that it is:

> "The care of children during the day in the private home of carefully selected and supported adults who are not related to the children."
>
> (Oates: 1986,3)

For me the key phrase is "carefully selected and supported adults"; this implies that not everyone can be a family day care provider and those that are, are assisted and supported in their role. This is one of the key requirements for a professional person, namely that they have a body of knowledge relevant to their role and that they are constantly updating this knowledge. I believe that this aspect of FDC has been acknowledged to a greater extent in the last five years than ever before, and this has assisted in the enhancement of the family day care provider's perception of herself and the public's perception of her role. Mary Robertson makes this point very clearly in her book, Family Day Care in Australia, when she says :

> "In the past the primary emphasis was on providing safe 'custodial' care. Now expectations of good care include planning and providing stimulating play activities and observing behaviour to meet the social, intellectual and emotional needs of the child. In addition the caregiver is a supportive ally to the parents using the co-ordinator as a resource ... Guidelines and funds are needed to establish training programs to ensure the quality of care necessary for today's needs."
>
> (Robertson: 1984,22)

Robertson's book, as well as arguing the need for funding to support the training of providers also argued very strongly that children in family day care have a right to an educational program as opposed to more custodial care.

This notion of children's rights is an interesting one; 1990 marks a decade and a year since our designated Year of the Child. Anybody present tonight who is my age or older will have been affected by IYC in some way; some of us attended meetings, conferences, seminars and the like to listen to a veritable plethora of learned, witty, earnest and serious speakers discourse on the rights of the child, and participate in the resulting debates. Others of us made ourselves unpopular with friends and relatives alike by extolling the virtues of IYC T shirts, sweat shirts, car stickers, badges and other gaudy memorabilia, not to mention raucous renditions of the ubiquitous "Care for Kids" song at some largely inappropriate moment.

Some of us participated in IYC activities on a different, if no less important level; namely on local committees which have, hopefully, heightened community awareness of children's rights, which after all, was the main purpose of IYC. Such participation probably involved us in organising publicity for community events, preparing activities for children's "happenings" and possibly the preparation of adult-oriented pamphlets and press statements aimed at making our local community a more safe, caring and satisfactory place for our children. Although the activities described encompass a wide range of participatory roles on our part, the list is obviously not exhaustive but it serves to underscore the fact that many adults in our community have been united, possibly for the first and only time, in a common cause;

that of endeavouring to ensure that our nation's children have access to the rights and privileges that are undoubtedly theirs.

It is over thirty years since the United Nations issued the Declaration of the Rights of the Child. Put simply, this Declaration affirms that every child should have the right to affection, love and understanding, to adequate nutrition and medical care, to free education, to full opportunity for play and recreation, to a name and a nationality, to special care if disabled, to be among the first to receive relief in time of disaster, to learn to be a useful member of society and to develop individual abilities, to be brought up in a spirit of peace and universal brotherhood, and finally, to enjoy these rights, regardless of race, colour, sex, religion, national or social origin.

By implication then, children have the right to love and affection, to a healthy and stimulating environment, to adequate nutrition, to childhood and to play. Obviously no one could seriously argue that such goals are not important, in fact, critical, to the optimum development of the next generation. But just as obviously all children have not enjoyed such an environment in other times and in other places, hence the need to declare our intentions in 1959.

Looking back on IYC, the Year of the Rights of the Child, it may well be that many of the "happenings" and the books, articles and

pamphlets which saturated the public may have done more to cause people to lose sight of the purpose of the exercise, namely to make people more aware of children's needs. For instance, Kenneth Keniston's famous statement on children's health seemed to be quoted in every article:

> "In the last fifteen years in US the federal health care dollar devoted to children has shrunk from 50 cents to 10 cents. The average US family spends three times as much on liquor and one and a half times on cosmetics as it does on the health cater of its children".
>
> (Keniston, 1975 in Clyde: 1978, 15)

At the same time, more appropriate models are placed before our guilt-riddled eyes. The following is an extract from Sweden Today, 1979:

> "1. After July 1, 1979, it will be for-bidden for parents to hit their children. The spirit of the law is to eliminate violence as a tool of child rearing.
>
> 2. Starting February 1, 1980, a parent will have his or her right to stay home with a sick child up to age 12 extended to sixty days per year.
>
> 3. For the fiscal year 1979/80 an additional $1.7 million will be given to promote cultural activities for children.

> This will include services in libraries and museums, good music, movies for children, and workshops for painting and creativity will be enhanced."
>
> Thus Sweden's laws and practices, which are already among the most humane in protecting children's rights, will be extended even further.
>
> (Link, N/D in Clyde: 1978, 15)

Before we become too concerned with ways in which we can follow in Sweden's footsteps in terms of children's rights it would be appropriate to look briefly at some of the historical, moral and legal perspectives which surround this controversial notion of children's rights.

When humans existed in tribal societies, children had no rights; (neither did women or senile men). When two tribes fought in battle, the victorious tribe took the vanquished children home to act as slaves, and to be reared in the victor's religion. So much for child rights. Children had no privileges (neither did women or senile men), but as they emerged from infancy into childhood they were given their own tasks or responsibilities and their own corresponding privileges. However children were still regarded as chattels, and labourers' children either worked for the same master as their father or were sold into apprenticeship to save the family from impending starvation.

"Childhood" as a separate entity arose during the end of the

middle ages when the extended family, rather than the tribe, became the dominant group. But children were still seen as small adults in terms of dress, manners and needs, and those children not fortunate enough to be born into affluent families worked at adult tasks.

Thomas Hobbes, writing in the seventeenth century, argued that children were cared for solely because they are capable of serving their fathers, and should be assigned a position of complete dependence. Hobbes thought that :

> "like the imbecile, the crazed and the beasts, over .... children .... there is no law."
>
> (Leviathan, p 257, quoted in Worsfold, 1974, p 144)

The implication is clear; children have no natural rights and no rights by social contract because they lack the ability to make formal contracts with the other members of society and to understand the consequences of such contracts.

The nineteenth century saw the rise of the humanitarians who opposed the excesses of child labour and the industrial revolution. "Childhood" was for the first time recognised as a distinct stage in human development with its own peculiar needs. At best it freed children from the rigours and dangers of adult work situations in mines, factories and farms but it also led to a sentimental concept of children's innocence and purity and the need for protection from a nasty, adult-oriented world.

The twentieth century witnessed the rise of the child development movement as a branch of the new science of psychology, and in fact, "childhood" became a topic of great interest. "Childhood" was now seen as too vague a term and the period between infancy and adulthood was divided into a number of substages; toddlerhood, childhood, preadolescence and adolescence. Each stage has its own clearly defined physical, social, emotional and intellectual characteristics but yet each stage had one identical attribute; all these individuals have a dependant relationship to adults, and herein lies the problem of children's rights. From a legal point of view in our society, rights imply some form of obligation and responsibility, e.g. I have a right to drive a car but I have to take responsibility for the way in which I drive it, and as I have pointed out our society has, since the days of tribal living, slowly removed from children the onus of responsibility and obligation as adult-like tasks have been taken away from the stage of childhood and a special "growing and playing" period substituted.

A second problem with a concept of rights of children is the often-stated claims that children's rights fall into two broad categories; firstly claims that the rights which adults enjoy should be granted to children, and secondly the claims that the special needs and interests of children be recognised as rights. Obviously children should not have all the rights of adults, such as driving on public roads, being conscripted into the armed forces or having to cast a vote at election time, yet they do

have special needs which it is our obligation, as adults, to meet. For instance, the needs of young children in a family day care setting should include :

1. the need for each child to be treated as an individual,
2. the need for their overall development to be enhanced, and
3. the need for this development to occur in a flexible and comprehensive manner.

By a strange coincidence these were the objectives of family day care programs as cited by ACOSS in 1976 - three years before the International Year of the Child!

These kinds of needs are those cited by Robertson (1984), when she referred to the need to meet young children's social, intellectual and emotional needs in the family day care setting. Obviously she is referring to the notion of providing quality care as opposed to custodial care and this idea brings with it its own problems; for instance, there are two groups of factors which are evident in determining quality care. One group covers the physical aspects of care, e.g. the environment, health, safety and nutrition, staff/child ratios, administration of the service and the program itself. The second group of factors is just as important but is far less easy to measure, namely the "people" aspects of care, e.g. the relationship between the caregiver and the child, the caregiver and the parent and the relationship which is encouraged between child and child.

It is a reasonably simple task to measure the physical components of overall care in a family day care setting, and in fact, Harms and Clifford (1989) have done just that. In 1980 they produced an Early Childhood Environment Rating Scale and by 1989 they had refined it for use in family day care situations. The introduction to the Family Day Care Rating Scale describes the provider's role in the following way :

> "The family day care provider is expected to be a more professional, aware person who can provide a safe, supportive and stimulating environment for a group of children with varying needs, and can also communicate well with parents ... The Family Day Care Rating Scale defines quality of family day care comprehensively. The 32 items of the scale cover six categories: Space and Furnishings for Care and Learning, Basic Care, Language and Reasoning, Learning Activities, Social Development and Adult Needs."
>
> (Harms & Clifford: 1989,1)

The document then offers details of examples under subheadings for each of the six categories and observers are invited to rate the care provider on a 7 point scale. One example should enable you to understand the system; under the category entitled, "Space and Furnishings for Care and Learning" one of the subitems is "Outdoor space arrangements". Examples are provided for observers to determine whether this subcategory is covered inadequately, minimally, well or excellently; e.g. an example of

an inadequate indoor space arrangement is as follows :

> "Inadequate space set aside for use by children. Crawling/walking infants and toddlers kept in cribs or playpens for long periods. Area used lacks good ventilation, heat or light." (p 13)

Whereas examples of "good" indoor space arrangement include the following :

> "Space is well arranged, e.g. not crowded with furniture, traffic patterns do not interfere with activities, materials with similar use placed together.
>
> Two or more play areas clearly defined, e.g. doll play, blocks, art or book areas.
>
> Adequate storage and space to play in each activity area, e.g. box or shelves for storing blocks near rug or open space on floor for block play.
>
> Space set up so children of different ages can use it at the same time." (p13)

This program has a great deal to offer the family day care provider in terms of the physical components of quality care. However it is less easy to measure what Oates (1986) calls the "people" aspects of care, that is, the relationships between the care provider and the child, the care provider and the parent and the relationships and interactions the caregiver fosters between the various children. In addition there is another variable often present in the family day care situation which does not normally arise in centre-based care; namely the fact that family

day care providers are often caring for their own children as well as other people's offspring. Hawkins and Fosburg (1981), in the Executive Summary of the Family Day Care in the United States Final Report report that :

> "In general, homes where the caregiver's own child was present had fewer child-centred activities and less structured activities. Care givers in these homes tended to engage in more housekeeping and control of anti-social behaviour and less teaching, conversation with toddlers, play/participation and more watching of television. In general there was less interaction between the caregiver and toddlers when the caregiver's own child was present."
>
> (Hawkins and Fosburg: 1981, 33-34)

While we may debate the pros and cons of whether "teaching" and "structured activities" are good or not so good and suggest that the report is not very helpful in that it does not tell us the age of the caregivers' own children quoted in the study, the fact remains clear that family day care providers observed in the study responded to toddlers in their care in different ways depending on the presence or absence of their own children. These same kinds of caregiver characteristics have been reported of caregivers in centre based care in which there are too many

adults, e.g. instead of one adult and five babies there are four adults and twenty babies. While the adult/child ratio is the same in both instances, the four caregivers tend to exhibit "busy type" behaviour away from the children. One of the reasons cited for this behaviour is that with four caregivers no one is sure of their role. This role confusion concept could also apply in the family day care home in which the caregiver is caring for their own child and fulfilling a mothering role and also caring for someone else's child in the role of a care provider. It's an interesting thought and one that needs further researching.

Another piece of interesting research relating to family day care is that of Wandersman (1981). She has suggested that family day care providers who take/accept greater numbers of older preschool age children, i.e. children aged three to five years, are "significantly more likely to have relevant educational backgrounds and tend to have more experience in family day care than caregivers who care for smaller (and younger) numbers of children". (Wandersman: 1981,89). In addition to her own research findings she quotes previous research by Emlen et al (1971) which discovered that caregivers who took the maximum number of children permitted by the regulations possessed higher educational levels. Wandersman suggested that those caregivers who took the maximum number of children were more motivated, and tended to view their role as a professional one, rather than as a "favour to a friend, or a hobby or a neighbourhood service".

This is an interesting idea, and one which deserves further

follow up, particularly on the Australian scene. A colleague (Dr. Jill Rodd) and I have begun such a follow up study and I will report on that later in this paper, but this whole idea of professionalism in the early childhood field requires thought and debate. Oates (1986) has suggested that the personal qualities which contribute towards a quality caregiver include positive self esteem and confidence as well as a knowledge of child development and the caregiver's attitudes to the children and the parents who use family day care. Sebastian (1986) has reinforced this idea that the caregiver's personal qualities are "crucial attribute" of all early childhood personnel, in addition to professional knowledge.

It seems that almost everyone has tried to determine what are the desirable personal characteristics of a caregiver. The latest list includes the following traits :

* reliability, stability, responsibility
* warmth and approachableness
* a positive and accepting manner
* sensitivity to children's needs
* physical, emotional and verbal responsiveness to children, enjoyment of children
* communication skills
* a sense of humour, self confidence
* flexibility, adaptability
* ability to accept and offer criticism
* openness to learning
* emotional maturity, patience, stamina

This list appears to expand on Oates' original ideas and I would agree with them all, except "patience". A quick look in any dictionary defines "patience" as "the ability to withstand pain". Caregivers, while acknowledging that it is important to be able to withstand the rigours of nursing a kicking toddler, would be better off to acknowledge a phrase such as "understanding children's behaviour" as a more professional trait. This leads me on to the more interesting topics; firstly, are family day care providers professional workers, and secondly, do they see themselves as professional workers?

"Professional" is one of those overworked words we see all around us; a walk down the main street of our town or suburb will reveal examples of the signwriters art proclaiming that Joe Bloggs offers "professional dry cleaning", or "professional car repairs" or "professional pest extermination". It implies that the person offering the service does a good job and that the role exemplifies desirability and status in the community. This kind of community recognition takes time and effort on the part of the workers concerned. For instance the red and white striped pole outside a hairdressing shop of today is a legacy of the fact that less than two hundred years ago the barber was also the surgeon who bled people when they were sick. Obviously the surgeons of today who transplant livers, hearts and other organs, who remove tumours from the human brain or sew on severed limbs have come a long way in their professional knowledge and skills since the day when they were predominantly shavers of beards. The point

is that for a group of people to become professionals, someone has to set the ball rolling to define what it means to be a professional caregiver and then others have to keep that ball rolling.

Keith-Lucas has summed up the position quite succinctly :

> "It takes any group of craftsmen time to move from being a trade association, a band of technicians, into becoming a true profession. It has taken some professions 300 or 400 years and while such changes are accelerating in our world and one may hope for a much quicker revolution, the process does have to take place. It will take place much faster, however, if can see, ahead of time, what being a true profession might mean."
>
> (Keith-Lucas: 1980, p 243)

Of the characteristics which constitute a profession, three stand out as being of most immediate relevance to the child care field in general, and to family day care in particular. These are

1. a generalised and systematic knowledge base with established educational standards, that is, a monopoly on certain knowledge,

2. the type and nature of the service has to be specialised; that is the service has to be esoteric, not able to be adequately secured outside the profession, while

the profession must be autonomous in terms of determining the best way to meet the needs of the client group. (You can see how easy it is to slip into the jargon), and

3. a sense of mission by members of the profession and a code of ethics involving areas such as commitment, equity, non-judgemental clinical behaviour and non-discrimination.

(Clyde: 1989, p41)

I propose to spend the rest of my time looking at the first characteristic, namely the knowledge base on which child care is founded. No one would argue that a caregiver's knowledge is unique to them alone; their knowledge of child development for instance, should be shared by other workers in various areas of human services, their knowledge of ways to organise a learning environment will be known by kindergarten teachers and playgroup leaders while their expertise in working with children and communicating with parents will form the basis for nursing, social work, psychology, medicine, teaching and a host of other community services. The aspect of this knowledge base possessed by caregivers which makes them different, is the way in which they combine all this knowledge and use it to advantage in their role as caregivers in a particular environment. Keith-Lucas has summed it up very well :

"A profession in fact, always has a basis of knowledge. Moreover, the knowledge it possesses, in its totality is something that no one else knows. That does not mean that

other professions may not share some of the same knowledge. A social worker, a psychologist, and a child care worker may know a great deal about child development. So may a teacher. All four may indeed possess identical knowledge in this subject, as far as theory and facts are concerned. But each of them adds his own special knowledge of how these facts and theories are pertinent to his job."

(Keith-Lucas: 1980, p243)

This notion is demonstrated very clearly in Harms and Clifford's Family Day Care Rating Scale and the way in which some components are subtly different from those developed for their centre-based rating scale of 1980. Many people in the community in general, and I am sorry to say, in the family day care field in particular, would not acknowledge that family day care providers do have a body of knowledge they can call their own. At this point it would be useful to spend some time looking at the preliminary findings from the Family Day Care Survey which Jill Rodd and I undertook late in 1989.

We sent six copies of our survey to each of twelve metropolitan Family Day Care Co-ordinators whom we knew from working with our child care students. We asked the Co-ordinator to give the survey to six of their caregivers, to be completed anonymously and returned to us in a stamped, self addressed envelope. In this way we felt that caregivers would feel less inhibited about completing the survey if they were anonymous to us and their Co-ordinator had not seen the responses. Fifty-three responses were

received from nine different schemes, which is almost 75% response.

Almost 86% of the caregivers were aged 31 or over and the majority (54.7%) had been working as caregivers for one to five years. This indicated a mature group of women who probably include some caregivers who are caring for their own children as well. It is interesting that nearly 12% of the caregivers had been in the role for over ten years and these are probably women whose own children are at school and they are therefore caring for other people's children. This needs to be followed up in light of Wandersman's research. 58.5% of the caregivers had previously been employed prior to taking up caregiving. Most of the responses indicated secretarial work as the previous work experience.

Part B of the survey is concerned with trying to discover the caregiver's perception of the personal qualities and professional knowledge needed by a family day caregiver. In the first section caregivers are requested to list the most important qualities and skills in their own words. There were 78 different responses, although some caregivers did not respond at all. The two most often quoted qualities and knowledge are "patience, care and consideration" (37.2%) and "understand children's needs" (23.1%). These two responses seem to epitomise all the literature relating to family day care and serve to point up the fact that family day care providers are very aware of their role and the skills which are needed for this role.

The next section endeavoured to expand on the ways in which caregivers believed they should operate. They were asked to rank, on a 4 point scale, from 4 ("essential"), 3 ("important"), 2 ("somewhat important") and 1 ("not at all important") ten personal and professional qualities which we had determined, from a review of the literature, to be important for family day care situations. We combined the "essential" and "important" scores to achieve the following results :

1. exercise control without being threatening 100%

2. show acceptance and respect by responding to each child and parent with effective communication skills 99%

3. use verbal forms of communication 98%

4. (i) create an atmosphere through example and attitude where it is natural and acceptable to express both positive and negative feelings 96%

   (ii) be sensitive to the feelings and thoughts of others.

6. Show enthusiasm and interest in their role 92%

7.	adapt verbal language and style in order to better communicate with children	90%
8.	express warmth, caring, respect and acceptance	87%
9.	be committed to making great use of the child's and family's strengths and potential	79%
10.	assume responsibility for their actions	77%

There are several points to notice from these results; firstly, all of the data indicate a high degree of responsibility and professionalism on the part of the caregivers; secondly the majority of responses were in the 2-4 categories with only 5 responses overall in the "not at all important" category. (These are one person in "show enthusiasm and interest in their role" and two each in "using the child's and family's strengths" and "assume responsibility for their actions". As this is a preliminary study, further tabulation will need to occur in order to try to determine a pattern for these responses. Thirdly, in most instances, responses were in category 4 "essential" rather than 3 "important". Finally, the item relating to "warmth, caring, respect and acceptance" scored the highest "essential" score but less than 90% of the respondents replied to this question. Perhaps some caregivers saw it as a trick question as the response rate for all the other questions approached the 100% mark.

Part C of the survey looks at the notion of "quality of care" as it relates to family day care. Once again respondents were asked to rank statements on the 4-1 scale. There were 20 statements, one of which was deleted from the final tally; I had inadvertently neglected to ensure the response line had been typed on the survey so some people drew one in while others ignored it. In any case there is 100% agreement that 5 items are either essential or very important determinants of quality in the family day care situation. These are : providing a stable environment, showing affection, acknowledging children on arrival and departure, supervising children conscientiously and taking preventative measures in the physical environment. In addition, 11 items received a 4/3 rating from 90% or more respondents. These are, in descending order :

1.	reporting or correcting hazardous conditions	98%
2.	carrying out emergency procedures	97%
3.	planning daily routines/relaying information to parents/encouraging children's development	96%
6.	establishing units/creating an atmosphere/increasing children's knowledge/establishing parent relationships	94%
10.	anticipating difficulties/explaining	92%

The remaining three items received a high acceptance rate; it

is interesting to note that in each of these three items, "important" received more votes than "essential"; clearly these items relating to acceptance of family background, use of each child's correct name and encouraging children to play actively are perceived to be less valuable in terms of quality care. The last item "encourage children to be active when they are playing" is of special concern to me; it could be an area of potential weakness when arguing that family day caregivers have a particular body of knowledge. However the data have only been superficially analysed and it may well be that the less experienced providers, or those from a particular Family Day Care scheme, are responding in this way.

Part D of the survey is concerned with caregivers' perceptions of their role; respondents were asked to respond on the 4 point scale to 11 statements about their role. The responses, when coded "strongly agree/agree" as opposed to "disagree/strongly disagree" are not as definitely positive as the responses to the previous questions.

The most positive response was to the question: "my job is important for the future of the society (92%); the least positive response was evinced from the "my job is much the same as babysitting (19%)". What is discouraging is that 2 respondents strongly agree with this statement. I am wondering whether they were having a bad day or were simply tired of answering the survey!

On a more positive note, 89% of respondents think that a lot of people are affected by the way in which they do their job, 83% believe that their job is a profession while 81% responded positively to the question: "the work I do in my job is meaningful to me".

As I said before all these data needs refining to try to find trends based on years of experience, the relationship between responses to personal and professional statements and their relationship to the quality in care statements, but clearly the vast majority of the fifty-three respondents are very clear about what personal and professional qualities constitute a professional family day care provider who can offer quality child care. Now we have to ensure that, firstly, training continues throughout the life of the caregiver and is perceived as an ongoing part of the caregiver's total role as a professional and secondly, that the public is made aware of these personal and professional qualities possessed by family day caregivers. Perhaps this can be achieved from the viewpoint that it is the right of the young children to quality care in any context, including the home?

Let me finish with a more positive quote from my 1978 Family Day Care paper :

> "As I see it community awareness, training and support are the three ingredients of a FDC training program which will assist the caregiver to be recognised within the community

> as a person of worth and esteem. In this way, ad hoc arrangements made with unofficial child minders may decline and every child who is cared for outside the family will have the opportunity to grow and develop in a positive way during their pre-school years; FDC will not be a last resort but a first choice when parents select an alternative form of care."
>
> (Clyde: 1978, 48)

I have much pleasure in opening your Conference; I know that conferences such as these not only result in the sharing and enhancing of professional skills and knowledge but they go a long way towards ensuring that the public image of family day care is sharpened and made more positive.

Thank you, I wish you a busy and productive three days.

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